



Client No.		Client Name						Location						Date	
2036		O.H. MATERIALS						1007 OSWEGO ST UTICA NY						1/14/87	
Facility Equipment		Detox Clock		Weapon No.		Holster		Nightstick		Raincoat		Flashlight		Other	
		1		-		-		-		1		1		GATE + TRAILER KEYS	
Officers:															
Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.															
Officer—Day Shift (Name)					Officer—Swing Shift (Name)					Officer—Grave Shift (Name)					
dc Del Vecchio					Dick Kokoszki					CORTES, EUGENE					
Shift					Shift					Shift					
Began 8 AM PM Ended 4 AM PM					Began 4 AM PM Ended 12 AM PM					Began 12 AM PM Ended 8 AM PM					
Observations or actions taken					Observations or actions taken					Observations or actions taken					
Rounds or stations missed					Rounds or stations missed					Rounds or stations missed					
Unlocked doors, gates or windows					Unlocked doors, gates or windows					Unlocked doors, gates or windows					
Unlocked vaults or safes					Unlocked vaults or safes					Unlocked vaults or safes					
Fire-smoke-or hazards					Fire-smoke-or hazards					Fire-smoke-or hazards					
1. Extinguishers missing or defective					1. Extinguishers missing or defective					1. Extinguishers missing or defective					
2. Sprinkler system defective					2. Sprinkler system defective					2. Sprinkler system defective					
3. Fire doors or exits blocked					3. Fire doors or exits blocked					3. Fire doors or exits blocked					
4. Rubbish accumulation					4. Rubbish accumulation					4. Rubbish accumulation					
5. Motors running					5. Motors running					5. Motors running					
6. Lights left burning					6. Lights left burning					6. Lights left burning					
Injury hazards					Injury hazards					Injury hazards					
Visitors					Visitors					Visitors					
Trespassing					Trespassing					Trespassing					
Violation of company rules					Violation of company rules					Violation of company rules					
Remarks															
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.															
1. Were you injured during this tour?															
2. Did you suffer any illness?															
3. Have you reported all accidents coming to your attention?															
Signatures															
Signatures															
Signatures															
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